

MONTANA BOARD OF MEDICAL EXAMINERS

PO Box 200513
(301 South Park Avenue 4th Floor – Delivery Only)
Helena, MT 59620-0513
PHONE: 406-841-2328 or 406-841-2393 FAX: 406-841-2305
E-MAIL: dlibsdmed@mt.gov WEBSITE: www.emt.mt.gov

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

(Please allow 10 days for processing from the date the Board has a complete application)

Application requesting a Petition for revision to state approved protocols or educational curriculum for Emergency Medical Technicians

DOCUMENTS: (The following documentation must be submitted for review of your request for exception)

- A completed application (including signature).
- A complete description of the exception requested.
- Identify service (s) in which this exception will apply.
- Rational, documentation and/or studies supporting your requested exception.
- Explain the educational plan for your requested exception to be implemented.
- Explain the CQI being developed and implemented to evaluate and monitor your requested exception.
- Explain the impact of your requested exception on your local EMS system and what positive outcome you are expecting. Include the negative impacts and how they will be addressed.
- Explain the long term expectations of your requested exception and its impact on the local and state wide EMS system (both educationally and practice).
- Include a copy of your proposed protocol.
- Describe the duration of your requested for the exception.

APPLICATION/PROCESSING PROCEDURE:

- The application must be completed by Local EMS Medical Director and submitted to **Board of Medical Examiners**.
- The application must be complete before consideration. The medical director will be notified in writing of any items missing from the application.
- At the next reasonable (full board) meeting of the **Board of Medical Examiners**, the application will be placed on the agenda for consideration. (typically January or July meeting)
- The Board may request the submitting EMS Medical Director to present the application in person.
- The Board may defer the application to the EMS Medical Director Sub-Committee for review and recommendations.
- If the application is deferred to the EMS Medical Director Sub-Committee, the applicant may be asked to attend the sub-committee meeting to answer questions and/or present additional information.
- The Board or Sub-committee may request additional information from the medical director requesting the exception.
- At a following (full Board) meeting, the Board will schedule and accept public comments. At this meeting of the **Board of Examiners**, the Board will take action on the application. Action can include: acceptance, rejection, modification and/or approval with conditions/requirements

For information with regard to the processing of this application and other concerns please contact the Board of Medical Examiners staff at (406) 841-2328 or (406) 841-2393 or e-mail us at dlibsdmed@mt.gov

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Application requesting a Petition for revision to state approved protocols or educational curriculum for Emergency Medical Technicians; at what level?

☐ **First Responder** ☐ **Basic** ☐ **Intermediate** ☐ **Paramedic**

PLEASE TYPE OR PRINT IN INK.

1. Medical Director (full name): _____
Last First Middle
2. Montana License number: _____
3. Home Address: _____
Street or PO Box # City and State Zip
4. Preferred Contact Method: ☐ Hard Copy (mail) or ☐ E-MAIL _____
5. Telephone: (____) _____ (____) _____ (____) _____
Business Home Fax
6. ☐ I have attached all of the required materials for review.

DECLARATION

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

Signature of Applicant

Dated